121000426496

(Re	questor's Name)		
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·	
DA)	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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22 APR 18 PM 3: 30

T. MATTHEWS MAY - 4 2022

RECEIVED

2022 APR 18 AM 11:45

SECRETARY .. STATE TALLAHASSEE, FL

April 1, 2022

BILLY CARNLEY 4330 FOXTOWN N POLK CITY, FL 33868

SUBJECT: B&M TURNKEY RENOVATIONS LLC

Ref. Number: L21000426496

We have received your document for B&M TURNKEY RENOVATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 122A00007638

COVER LETTER

· · · · · ·

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO: Registration S Division of Co						
B&M Tur	mkey Renovations LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Billy Carnley					
		Name of Person				
	B&M Turnkey Reonvations LLC					
Firm/Company						
	4330 Foxtown N					
Address						
	Polk City, Fl 33868 City/State and Zip Code					
	Bandmturnkeyrenovationsl					
		to be used for future annual report no	otification)			
For further information	concerning this matter, please c	all:				
Monica Blanco		863 242-0758 at ()				
Name	of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for	the following amount:					
S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr Registration		Street Address: Registration S	ection			
Division of Corporations		Division of Co				

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED STATE OF OF ORGANIZATION OF CORPORATIONS OF ORGANIZATION OF CORPORATIONS

B&M Turnkey Renovations LLC

22 APR 18 PH 3: 30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company vibration of Company vibration of Company vibration $\frac{L21000426496}{L21000426496}$.	vere filed on 9/28/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registers Office Address.	Enter Florida street aa	ldress
	, Florida 33868	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity.	I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monica Carnley	4330 Foxtown N, Polk City Fl 33868	□Add
			≣Remove
			□Change
MGR Monica Blanco	Monica Blanco	4330 Foxtown N, Polk City Fl 33868	\alpha\dd
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			.⊐.cı